

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09095365	FILING DATE						
CLAIMS						APPLICANT(S)							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		2			53						
4		0		1			54						
5		0		1			55						
6		0		1			56						
7		1		1			57						
8		1		1			58						
9		2		2			59						
10		2		2			60						
11	1						61						
12	1		1				62						
13		1		1			63						
14				1			64						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		2				TOTAL IND.						
TOTAL DEP.	13		14				TOTAL DEP.						
TOTAL CLAIMS	16		14				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEINOMENTS

FORM PTO-1350 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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